

Adjusted Annual Household Income Worksheet

All income is to be reported: child support/alimony, retirement, education grants, retirement, disability, recurring cash gifts, etc.

APPLICANT NAME: _____ **Please show calculations.**

Example: Wages \$10.50/hour x 2080 hours/year = \$21,840

Example: Wages \$18,000 YTD ÷ 5.5 months x 12 months/year = \$39,272.73

Example: Retirement \$1,400/month x 12 months/year = \$16,800

_____ **Per** _____ **x** _____ **x** _____ = \$ _____ /Year

OTHER: BONUS, OVERTIME, COMMISSION, SELF-EMPLOYED, ETC.

Example: Overtime average: \$4,500 (last year) + \$2,300 YTD = \$6,800 ÷ 17.5 months = \$388.57/month x 12 months/year = \$4,662.84

_____ **Per** _____ **x** _____ **x** _____ = \$ _____ /Year

CO-APPLICANT NAME: _____

_____ **Per** _____ **x** _____ **x** _____ = \$ _____ /Year

OTHER: BONUS, OVERTIME, COMMISSION, SELF-EMPLOYED, ETC.

_____ **Per** _____ **x** _____ **x** _____ = \$ _____ /Year

ADULT NON-APPLICANT NAME: _____

_____ **Per** _____ **x** _____ **x** _____ = \$ _____ /Year

OTHER: BONUS, OVERTIME, COMMISSION, SELF-EMPLOYED, ETC.

_____ **Per** _____ **x** _____ **x** _____ = \$ _____ /Year

TOTAL GROSS ANNUAL HOUSEHOLD INCOME = \$ _____ **/Year**

DEDUCTIONS:

Number of minor children, disabled handicapped dependents, or full time student dependents:

_____ x \$ _____ /person = \$ _____ /Year

Child care expenses:

_____ **Per** _____ **x** _____ = \$ _____ /Year

Elderly family: applicant/co-applicant over 62 or any age if disabled:

\$400 per household \$ _____ /Year

Med. exp. for elderly > 3% of gross income = \$ _____ /Year

LESS: TOTAL DEDUCTIONS \$ _____ **/Year**

= ADJUSTED ANNUAL HOUSEHOLD INCOME \$ _____ **/Year**

GRH ADJUSTED HOUSEHOLD INCOME LIMIT FOR FAMILY OF _____ **IN** _____
COUNTY = \$ _____ **/Year**

Calculated by _____ **Phone No.** _____